SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 96 OF 98
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	o and dadioco or any ponno		
Independent Insurance Agents & B	rokers of America, I	nc. Politica	al Action Committee (InsurPAC)
Full Name (Last, First, Middle Initial)			
A. Bernie Trujillo			Date of Disbursement
Mailing Address 8925 W Russell Road Ste 220			12 20 2011
,	State Zip Code NV 89148-1221		Transaction ID : 10518722
_ac 10gac	NV 89148-1221		
Purpose of Disbursement		010	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	250.00
	nent For: Primary General Other (specify) ▼	71	
State: District:			
Full Name (Last, First, Middle Initial) B.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name Category/ Type			
	nent For: Primary General Other (specify) ▼	71	
State: District:			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name Category/ Type			Amount of Each Disbursement this Period
President	nent For: Primary General Other (specify)	1,1,00	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		······	250.00
TOTAL This Period (last page this line number only).			250.00